



Accident / Incident Report

All forms should be submitted to the Park District Risk Management Office
within 24 hours - 250 E. Wood St., Palatine, IL 60067

This form is to be completed and submitted by a PPD Staff member only

Who	Participant Name		Phone #	
	Street Address		State	Zip
	Age	If minor, name of parent/guardian		
	Was parent/guardian present? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, was parent/guardian notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Complete the next section only if the incident / injury occurred during an affiliate group activity or program.

Affiliate	Was the injured person participating in an affiliate group activity / program? <input type="checkbox"/> Yes	
	If yes, was the injured person? Player / Coach / Spectator (Circle One)	
	Which affiliate / community group?	

Where	Location of incident (name of building, park):	Specific room/location (room, hall, area of park or building):	
	Program or activity involved in:	Date of incident:	Time of incident:

What Happened?	Is there an injury? <input type="checkbox"/> Yes - Accident <input type="checkbox"/> No - Incident	Was first aid provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe first aid:	
	If Yes, what body part was injured?		
	Name of person providing first aid:	Phone number:	
	Were paramedics called? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did injured person refuse paramedics? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was injured person transported? <input type="checkbox"/> Yes <input type="checkbox"/> No

If emergency services (police, fire, paramedics) are called, notify your Supervisor and the Park District Risk Manager (847) 496-6256

Provide a brief description (what happened?)



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Witnesses

Coach or PPD Staff on duty:	Phone #
Witnessed by Coach or PPD Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witnesses:	
Name _____	Phone # _____
Name _____	Phone # _____

Name of staff completing report:	Date of report:
Supervisor / Risk Manager Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Admin Use Only

Additional follow up required? Yes / No
Details:

Employee Injury

If a Palatine Park District employee is injured at work,
immediately report the incident to a supervisor.

Call MedCor at 1-800-775-5866

(24 hours/7 days a week)

For life threatening injuries call 911, then call MedCor within 24 hours.

This report, and any attachments, is based upon conditions and practices observed and information supplied by management personnel (or their representative). This report contains information intended for internal use only and was prepared solely for that purpose and may contain confidential and/or privileged information legally protected from disclosure.